

| | | | |
|---|------------------------|---------------------------------------|---|
| FACSIMILE TRANSMITTAL FORM | Application Number | 10/555,345 | RECEIVED CENTRAL FAX CENTER JUL 10 2007 |
| | Filing Date | November 1, 2004 | |
| | First Named Inventor | David Barshis | |
| | Confirmation No. | | |
| | Examiner Name | | |
| Fax: 571-273-8300 | Attorney Docket Number | 63365US008 | |
| Total Number of Pages in This Submission: 4 | | | |
| Date: July 10, 2007 | | Attorney for Applicant: Sean J. Edman | |

| | | |
|--|--|---|
| ENCLOSURES (check all that apply) | | |
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Amendment Transmittal | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Petition to Convert a Provisional Application | <input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosures: Power of Attorney to Prosecute Applications Before the USPTO with attachments: Statement under 37 CFR 3.73(b) |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts under 35 USC 371 in US Designated/ Elected Office (DO/EO/US) | <input type="checkbox"/> Request for Refund | |
| | <input type="checkbox"/> Request for Continued Examination (RCE) Transmittal | |
| <input type="checkbox"/> Drawings | <input type="checkbox"/> After Allowance Communication to Technology Center | |
| REMARKS: | | |

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION
MAY CONTAIN CONFIDENTIAL OR LEGALLY PRIVILEGED INFORMATION
INTENDED ONLY FOR THE PERSON OR ENTITY NAMED BELOW.

If you are not the intended recipient, please do not read, use, disclose, distribute or copy this transmission.
If this transmission was received in error, please immediately notify me by telephone directly at 651-575-1796 or 651-733-1500, and we will arrange for its return at no cost to you.